## 

Filli	n this information to identify your ca	se:	de Silving Marine						
Deb	22: 02	-							
Deb (Spor	tor 2	=							
Unit	ed States Bankruptcy Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA		-				
Cas (If kno	e number 19-16046			☐ A supplemen	heck if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:				
Of	ficial Form 106I					MM / DD/ YY	YY		
Sc	:hedule I: Your Inco	ome							12/15
supp	s complete and accurate as possolying correct information. If you use. If you are separated and you the a separate sheet to this form. One of the best	are married and not filir	ig jointly, and your st	oouse is e inform	ation	g with you, includ	se. If mo	re space is n	eded,
1.	Fill in your employment information.	Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Employ	☐ Employed		
			☐ Not employed			☐ Not em	☐ Not employed		
		Occupation	Supply Cahin						
	Include part-time, seasonal, or self-employed work.	Employer's name	Thomas Jefferso						
	Occupation may include student or homemaker, if it applies.	Employer's address	111 S. 11th Stree Philadelphia, PA						
		How long employed t	here? 20						
Par	t 2: Give Details About Mon	nthly Income							
spot	mate monthly income as of the duse unless you are separated.								
If yo	u or your non-filing spouse have me e space, attach a separate sheet to	ore than one employer, co this form.	ombine the information	for all e	mploy	ers for that persor	on the lir	nes below. If y	ou need
	121 - 1				For Debtor 1		otor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2.	\$	4,393.48	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4,393.48	\$	N/A_	

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Debtor 1 Wilson Santiago, Jr.				Case number (if known)		19-16046			
A				For	Debtor 1		ebtor 2 or		
	Сору	line 4 here	4.	\$	4,393.48	\$	N/A		
5.	List a	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	611.07	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A		
	5c.	Voluntary contributions for retirement plans	5c.	<u>\$</u> —	0.00	\$	N/A		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A		
	5e.	Insurance	5e.	\$	173.33	\$	N/A		
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A		
	5g.	Union dues	5g.	\$	116.35	\$	N/A		
	5g. 5h.	Other deductions. Specify: employee parking	5h.+	\$	216.00	+ \$	N/A		
			_0			· ·			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. 7.	\$_ \$	1,116.75 3,276.73		N/A N/A		
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	f(4)	Φ_	3,276.73	<b>*</b>	IN/A		
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	9.0	\$	0.00	\$	N/A		
		monthly net income.	8a.	· ·	0.00	* *-	N/A		
	8b.	Interest and dividends	8b.	\$_	0.00	Ψ_	INIA		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A		
	8e.	Social Security	8e.	\$	0.00	\$	N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.	\$	0.00		N/A N/A		
	8g. 8h.	Other monthly income. Specify:	8h	- \$	0.00		N/A		
	OII.	Other monthly moonic. opening.				1		1	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	N/A		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,276.73 +		N/A = \$	3,276.73	
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.	<ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.     Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</li> </ol>							3,276.73	
		¥					Combin		
							monthly	/ income	
13. Do you expect an increase or decrease within the year after you file this form?  No.									
		Yes. Explain:							
	_								